

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. David C Markel MD**

Mailing Address 22250 Providence Dr Ste 401

City

Southfield

State

MI

Zip Code

48075-6212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Porretta Ctr for Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : AEEA17F1D2A0B4DDF83E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Javad Parvizi MD, FRCS**

Mailing Address 925 Chestnut St - 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : AE2BFA63AD5B045B99F4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. John Sargent Rogerson MD**

Mailing Address 2 Science Ct #101

City

Madison

State

WI

Zip Code

53711-1088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A3FBE6489895940E19B4

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00